King County

2002 Open Enrollment for 2003

Part-Time Local 587 Plan 3 Guide

Read this guide!

The Department of Transportation has indicated you will begin 2003 eligible for part-time Local 587 Plan 3 benefits. Please read this guide; it explains:

Your OE Form shows in **bold** the coverage you will receive in 2003 if you don't return the form. If you want different coverage, mark, sign and return the form by **November 1** to:

King County Benefits Operations
Exchange Building EXC-ES-0300
821 Second Avenue
Seattle WA 98104-1598

Otherwise, do nothing and the **bold** coverage shown on your OE Form will become effective January 1.

This guide is not a complete description of each plan. More details about each benefit are in plan booklets available at www.metrokc.gov/ohrm/benefits or by request from Benefits Operations. Although we've made every effort to ensure this guide is accurate, provisions of the official plan documents and contracts govern in the case of any discrepancy. The benefit program is subject to review and may be modified or terminated at any time for any reason. This guide does not create a contract of employment between King County and any employee.

Call 206-684-1556 for alternate formats.

Part-time Local 587 Plans 1, 2 and 3

There are three benefit plans available to part-time Local 587 employees. The following information is provided to help you understand the basics of each plan and how they work together. You're provided enrollment materials for each plan as you become eligible. Contact your base chief if you have questions regarding your eligibility.

► Plan 1

You become eligible for Plan 1 the first of the month following your hire date, as determined by your department. If your hire date is the first of the month, you become eligible the same day.

Under Plan 1 you may purchase medical, dental and vision coverage for yourself and family members, plus basic life insurance ($20,000) for yourself.

► Plan 2

You become eligible for Plan 2 when you receive 338 paid hours in either of two four-month periods:

- November 1-February 28/29 (Plan 2 benefits begin May 1)
- March 1-June 30 (Plan 2 benefits begin September 1).

Plan 2 benefits extend through the end of the calendar year. They continue through the end of the following calendar year if you:

- Receive an average of 39 hours or more per pay period in the 26 consecutive pay periods that end with the pay period including July 31 (you must have been employed as a part-time Local 587 employee for at least the most recent six complete pay periods to qualify for this review) or
- Pick assignments averaging four hours or more for the February, June and September shake-ups (you must have picked assignments for all three shake-ups to qualify for this review).

Under Plan 2, you receive county-paid medical, dental and vision coverage for you and the eligible family members you enroll, plus basic life, accidental death and dismemberment (AD&D), and long term disability (LTD) insurance for you. When you first enroll under Plan 2, you may also purchase additional enhanced life and AD&D for yourself and family members, plus enhanced LTD for yourself.

► Plan 3

When you lose eligibility for Plan 2, you become eligible for Plan 3.

Under Plan 3 you continue to receive the same county-paid basic life, AD&D and LTD coverage you had under Plan 2 and may continue to purchase enhanced life, AD&D and LTD coverage. If you choose to continue medical, dental and vision coverage for yourself and family members, you pay for the coverage. The rates are the same as Plan 1 coverage.

How Plan 3 benefits are changing January 1, 2003

Rising costs (particularly medical plan premiums) and reduced revenues prompted King County and the Joint Labor Management Insurance Committee to take a hard look at how costs could be contained in the new 2003-2005 employee benefit package. After much discussion, it was decided to keep benefits at their current levels, but to implement the changes described in this section (and in greater detail in "What to do with your OE Form," pages 6-19).

Many of these changes reduce administrative overhead and ask you to share more of the costs when you use health care services. They also help keep monthly Plan 3 premiums lower than they otherwise would have been in 2003.

By the end of February 2003, you will receive new plan booklets updated to include the information provided here.

► There will be three medical plans instead of five

The three medical plans will be:

- KingCare (Aetna) Basic
- KingCare (Aetna) Preferred
- Group Health.

PacifiCare Choice and PacifiCare HMO will no longer be available and Virginia Mason/Group Health Alliant will be replaced by Group Health, without the Virginia Mason network of providers.

If you're currently in the PacifiCare or Alliant plans, you must change medical plans, but you may not have to change doctors. Many PacifiCare and Virginia Mason doctors are in the KingCare (Aetna) provider network, and Group Health doctors remain available to Alliant members who elect the new Group Health plan.

► Medical plan deductibles, copays and out-of-pocket maximums will increase

For KingCare (Aetna) Basic, the annual:

- Deductible increases from $250 per person/$750 per family to $500 per person/$1,500 per family
- Out-of-pocket maximum for network services increases from $800 per person/$1,600 per family to $1,200 per person/$2,400 per family
- Out-of-pocket maximum for non-network services increases from $1,600 per person/$3,200 per family to $2,000 per person/$4,000 per family.

For KingCare (Aetna) Preferred, the annual:

- Deductible increases from $50 per person/$150 per family to $100 per person/$300 per family
- Out-of-pocket maximum for network services increases from $400 per person/$800 per family to $800 per person/$1,600 per family
- Out-of-pocket maximum for non-network services increases from $1,200 per person/$2,400 per family to $1,600 per person/$3,200 per family.

For Group Health:

- Most copays increase from $10 to $20
- New hospital inpatient copay is $200 per admission
- The annual out-of-pocket maximum for network and limited emergency/out-of-area non-network services remains $1,000 per person/$2,000 per family (the same as current Alliant medical plan).

► Prescription drug copays will increase

If you're a Group Health member, you will use your medical card to fill prescriptions through Group Health network pharmacies, but if you're a KingCare member, you won't use your medical card. Instead, you will use a separate prescription card issued by AdvancePCS to fill prescriptions through AdvancePCS network pharmacies. (King County has contracted separately with AdvancePCS to provide pharmacy services to KingCare members.)

Prescription copays for generic, preferred brand and non-preferred brand prescriptions are summarized below. (Preferred brand name drugs are ones determined by committees of physicians and pharmacists to be more treatment-effective or cost-effective than non-preferred brand names; preferred brand name drugs may differ between Group Health and AdvancePCS.)

Prescription drugs	AdvancePCS pays 100% after …	Group Health pays 100% after …
Up to 30-day supply through network pharmacies	$10 copay for generic $15 copay for preferred brand ($20 if generic available but you request preferred brand) $25 copay for non-preferred brand ($30 if generic available but you request non-preferred brand)	$10 copay for generic $20 copay for preferred brand $30 copay for non-preferred brand
Up to 90-day supply through mail order	$20 copay for generic $30 copay for preferred brand ($40 if generic available but you request preferred brand) $50 copay for non-preferred brand ($60 if generic available but you request non-preferred brand)	$20 copay for generic $40 copay for preferred brand $60 copay for non-preferred brand

Prescriptions filled through mail order services decrease your out-of-pocket expenses; you receive up to three times the supply for only double the copay.

Your current mail order prescriptions (if you have county medical coverage now) will automatically be transferred to your new prescription service as soon as your medical plan election is reported to your plan in early December if you are:

- In a KingCare or PacifiCare plan now and elect a KingCare plan for 2003
- With a Group Health provider now (under the Alliant plan) and elect the new Group Health plan.

Otherwise, you must ask your doctors to write new prescriptions so you can submit them to your new mail order service as soon as possible after January 1. (Whether your prescriptions are automatically transferred or not, refill your mail order prescriptions before year-end through your current service to ensure an uninterrupted prescription supply into 2003.)

► Coordination of benefits will change to make the greater cost-sharing more equitable for all employees

Currently, if you have coverage under two plans (your own county medical, dental and vision plans plus coverage as a dependent under your spouse's or domestic partner's plans), deductibles, coinsurance and copays are covered by combining the benefits of both plans. That means some county employees are getting higher benefit coverage than others.

To make the increase in cost-sharing more equitable in 2003, King County will adopt a coordination of benefits policy known as non-duplication of benefits: when a King County plan is secondary, it will pay only the difference between what the primary plan paid and what King County would have paid if it was primary. If the primary plan has already paid more than the county plan would pay, there is no additional benefit.

When your spouse's or domestic partner's primary plan pays less than your secondary plan, you may submit a claim to your plan for reimbursement of the difference between the benefit of the primary plan and the county's plan. Call the plans to find out which is primary and which is secondary.

There is one exception to this new non-duplication of benefits policy: if you and your spouse or domestic partner both enroll in a Group Health plan and cover each other and your eligible children, Group Health will continue to cover your copays.

► You may add or increase enhanced life insurance during this open enrollment, but this will be the last time except for certain qualifying changes in family status; the benefit becomes portable

During this open enrollment you may add or increase enhanced life insurance (with no evidence of insurability) but this is the last time you may add or increase it at open enrollment. After this open enrollment, you may add or increase enhanced life again only for certain qualifying changes in family status.

Effective January 1, life insurance becomes portable. If you terminate employment with the county (but not if you retire or leave employment due to a disability), you may continue to pay the insurance company directly for the basic and enhanced coverage you and your family members had on your last day of employment. The age-specific rates you pay for continued coverage may be different from the rates paid by active employees.

► You may add enhanced long term disability insurance during this open enrollment, but this will be the last time

During this open enrollment you may add enhanced long term disability (LTD) insurance, but this is the last time; King County does not plan to open enrollment for enhanced LTD again anytime in the foreseeable future.

► The amount you will be able to contribute to a tax-saving flexible spending account to pay certain expenses not covered by your health plans will increase to $6,000 per year

Health Care Flexible Spending Accounts allow you to set aside pretax dollars to pay for certain expenses (including deductibles and copays applied to the expenses) not covered by your medical, dental and vision plans. With higher deductibles and copays in 2003, King County has increased the amount you can set aside in a Health Care FSA from $3,000 to $6,000. See your Flexible Spending Account Guide for details and FSA enrollment forms.

What to do with your OE Form

► What's listed on the form and what's not

The front of your OE Form lists only Plan 3 coverage you can elect or change during this open enrollment:

- Medical
- Dental
- Vision
- Enhanced life insurance for you
- Enhanced life insurance for your family
- Enhanced accidental death and dismemberment (AD&D) insurance for you
- Enhanced AD&D insurance for your family
- Enhanced long term disability (LTD) insurance for you
- Covered family members.
- Premium payment plan.

It does not list coverage you cannot change (described in "Benefits that need no decisions," page 20):

- Basic life insurance for you
- Basic AD&D insurance for you
- Basic LTD insurance for you.

On the back of your OE Form are blank Beneficiary Designation and Affidavit of Marriage/Domestic Partnership Forms. These forms are provided as a convenience in case you'd like to update your beneficiaries or add a spouse or domestic partner for coverage.

► Decide what to do by November 1

The coverage you will receive in 2003 if you don't return your OE Form is shown in **bold**.

Review the form with this guide. This section describes your election options in the same order as they appear on your form. Decide if you want the **bold** or different coverage. If you want different coverage, mark, sign and return the form by **November 1** to Benefits Operations.

Otherwise, do nothing and the **bold** coverage will become effective January 1.

► Medical

You may choose from three plan options. The option you select is also the option your family members receive.

Medical Plan Feature	KingCare (Aetna) Basic	KingCare (Aetna) Preferred	Group Health
Provider choice	You may choose any provider, but you receive higher coverage when you use Aetna network providers Reimbursement for non-network services is based on the usual, customary and reasonable (UCR) rates for each benefit; you pay more if a non-network provider charges more than the UCR rate	You may choose any provider, but you receive higher coverage when you use Aetna network providers Reimbursement for non-network services is based on the usual, customary and reasonable (UCR) rates for each benefit; you pay more if a non-network provider charges more than the UCR rate	You must choose a Group Health primary care physician (PCP) who provides and coordinates all services through the Group Health network; no non-network coverage unless indicated
Annual deductible	$500 per person/$1,500 per family	$100 per person/$300 per family	None
Annual out-of-pocket maximum	$1,200 per person/$2,400 per family for network care $2,000 per person/$4,000 per family for non-network care	$800 per person/$1,600 per family for network care $1,600 per person/$3,200 per family for non-network care	$1,000 per person/$2,000 per family for network care and limited emergency/out-of-area non-network care
Lifetime maximum	$2,000,000	$2,000,000	No limit
Alternative care	80% network 60% non-network	90% network 70% non-network	100% after $20 copay/visit for specific services (referral required)
Ambulance services	80%	90%	80%
Chemical dependency treatment	80% network 60% non-network $11,285 maximum in 24 months	100% network 70% non-network $11,285 maximum in 24 months	100% for inpatient care 100% after $20 copay/visit for outpatient care $11,285 maximum in 24 months
Chiropractic care and manipulative therapy Like all services, must be medically necessary	80% network 60% non-network Up to 33 visits/year, limited to diagnosis and treatment of musculoskeletal disorders	90% network 70% non-network Up to 33 visits/year, limited to diagnosis and treatment of musculoskeletal disorders	100% after $20 copay/visit
Circumcision	80% network 60% non-network	90% network 70% non-network	100%
Diabetes care training	80% network when prescribed by your physician 60% non-network when prescribed by your physician	90% network when prescribed by your physician 70% non-network when prescribed by your physician	100%
Diabetes supplies Insulin, needles, syringes, lancets, etc.	Covered under prescription drugs	Covered under prescription drugs	Covered under prescription drugs

Medical Plan Feature	KingCare (Aetna) Basic	KingCare (Aetna) Preferred	Group Health
Durable medical equipment, prosthetics and orthopedic appliances	80% when preauthorized	80% when preauthorized	80%
Emergency care while traveling	Emergency care covered at network levels whether you see a network or non-network provider	Emergency care covered at network levels whether you see a network or non-network provider	Emergency care covered at network levels whether you see a network or non-network provider
Emergency room care	80% after $50 copay/visit (waived if admitted) 60% after $50 copay/visit for non-emergency, non-network care	90% after $50 copay/visit (waived if admitted) 70% after $50 copay/visit for non-emergency, non-network care	100% after $75 copay/visit to network facility (waived if admitted) 100% after $125 copay/visit to non-network facility Non-emergency care not covered
Family planning	80% network 60% non-network	90% network 70% non-network	100% after $20 copay/visit
Growth hormones	Covered under prescription drugs when preauthorized	Covered under prescription drugs when preauthorized	Covered under prescription drugs if medical coverage has been continuous under a county plan for more than 12 months
Hearing aids	100% up to $500 in 36 months for combined network and non-network services; deductible does not apply	100% up to $500 in 36 months for combined network and non-network services; deductible does not apply	100% up to $300/ear in 36 months
Home health care	100% up to 130 visits/year for combined network and non-network services	100% up to 130 visits/year for combined network and non-network services	100%
Hospice care	100% when preauthorized; 6-month lifetime maximum; 120-hour maximum for respite care in 3 months	100% when preauthorized; 6-month lifetime maximum; 120-hour maximum for respite care in 3 months	100% 1 period of continuous home care of 4 or more hours per day up to 5 days or 72 hours, whichever occurs first; continuous respite care for up to 5 days in each 3 months of hospice care
Hospital care	80% network when preauthorized 60% non-network when preauthorized	90% network when preauthorized 70% non-network when preauthorized	100% after $200 copay/admission
Infertility	80% network 60% non-network Limited to specific services and $25,000 lifetime maximum	90% network 70% non-network Limited to specific services and $25,000 lifetime maximum	Not covered
Inpatient care alternatives	80% network when preauthorized 60% non-network when preauthorized	90% network when preauthorized 70% non-network when preauthorized	100%

Medical Plan Feature	KingCare (Aetna) Basic	KingCare (Aetna) Preferred	Group Health
Lab, x-rays and other diagnostic testing	80% network 60% non-network	90% network 70% non-network	100%
Massage therapy Like all services, must be medically necessary	80% network 60% non-network Must be prescribed by physician; Aetna reviews after 20 visits	90% network 70% non-network Must be prescribed by physician; Aetna reviews after 20 visits	100% after $20 copay/visit with PCP referral
Maternity care	80% network 60% non-network	90% network 70% non-network	100% for delivery and related hospital care after $200 copay/admission 100% after $20 copay/visit for prenatal and postpartum care
Mental health care - inpatient	80% network 60% non-network Up to 30 days/year	90% network 70% non-network Up to 30 days/year	80% up to 12 days/year
Mental health care - outpatient	50% up to 52 visits/year When deemed appropriate, unused visits may be traded for unused inpatient days	50% up to 52 visits/year When deemed appropriate, unused visits may be traded for unused inpatient days	100% after $20 copay/individual, family or couple visit 100% after $10 copay/group session Up to 20 visits/year
Neurodevelopmental therapy for family members age 6 and under	80% network when preauthorized 60% non-network when preauthorized $2,000/year maximum for combined network and non-network services	90% network when preauthorized 70% non-network when preauthorized $2,000/year maximum for combined network and non-network services	100% for inpatient services after $200 copay/admission 100% after $20 copay/visit for outpatient Up to 60 visits/year for each condition
Out-of-area coverage for your children away at school	Same coverage as home, through Aetna national provider network	Same coverage as home, through Aetna national provider network	In southwest Washington and northern Oregon care available through associated HMOs; in all other areas only emergency care covered
Physician and other medical and surgical services	80% network 60% non-network	90% network 70% non-network	100% after $20 copay/visit
Phenylketonuria (PKU) formula	80% network 60% non-network	90% network 70% non-network	100%

Medical Plan Feature	KingCare (Aetna) Basic	KingCare (Aetna) Preferred	Group Health
Prescription drugs - up to 30-day supply through network pharmacies KingCare members use a separate prescription card from AdvancePCS to fill prescriptions through AdvancePCS network pharmacies (AdvancePCS is not affiliated with Aetna); Group Health members use Group Health medical card to fill prescriptions through Group Health network pharmacies	100% after $10 copay for generic 100% after $15 copay for preferred brand ($20 if generic available) 100% after $25 copay for non-preferred brand ($30 if generic available) Prescriptions filled at non-network pharmacies reimbursed at network pharmacy rate	100% after $10 copay for generic 100% after $15 copay for preferred brand ($20 if generic available) 100% after $25 copay for non-preferred brand ($30 if generic available) Prescriptions filled at non-network pharmacies reimbursed at network pharmacy rate	100% after $10 copay for generic 100% after $20 copay for preferred brand 100% after $30 copay for non-preferred brand No reimbursement for prescriptions filled at non-network pharmacies
Prescription drugs - up to 90-day supply through mail order KingCare members use a separate prescription card from AdvancePCS to fill prescriptions through AdvancePCS mail order (AdvancePCS is not affiliated with Aetna); Group Health members use Group Health medical card to fill prescriptions through Group Health mail order	100% after $20 copay for generic 100% after $30 copay for preferred brand ($40 if generic available) 100% after $50 copay for non-preferred brand ($60 if generic available)	100% after $20 copay for generic 100% after $30 copay for preferred brand ($40 if generic available) 100% after $50 copay for non-preferred brand ($60 if generic available)	100% after $20 copay for generic 100% after $40 copay for preferred brand 100% after $60 copay for non-preferred brand
Preventive care Well-child check-ups, immunizations, routine health and hearing exams, etc.	Deductible does not apply 100% network 60% non-network	Deductible does not apply 100% network 70% non-network	100% (according to well-child/adult preventive care schedule)
Radiation therapy, chemotherapy and respiratory therapy	80% network 60% non-network	90% network 70% non-network	100% after $20 copay/visit
Reconstructive services Includes benefits for mastectomy-related services - reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from mastectomy, including lymphedema; call plans for more information	80% network 60% non-network	90% network 70% non-network	100%
Rehabilitative services	80% network 60% non-network	90% network 70% non-network	100% for inpatient services after $200 copay/admission 100% after $20 copay/visit for outpatient services Up to 60 visits/year for each condition
Skilled nursing facility	80% network 60% non-network	90% network 70% non-network	100% when preauthorized

Medical Plan Feature	KingCare (Aetna) Basic	KingCare (Aetna) Preferred	Group Health
Smoking cessation - sessions	80% network 60% non-network $500 lifetime maximum sessions and nicotine replacement combined	90% network 70% non-network $500 lifetime maximum sessions and nicotine replacement combined	100% for 1 Group Health network provider program/year
Smoking cessation - nicotine replacement	If prescribed and full course of treatment completed	If prescribed and full course of treatment completed	100% or $10 copay (whichever is less) for 30-day supply
Temporomandibular joint (TMJ) disorders	80% network 60% non-network Up to $2,000/year	90% network 70% non-network Up to $2,000/year	100% for inpatient care after $200 copay/admission 100% after $20 copay/visit for outpatient care Up to $1,000/year and a $5,000 lifetime maximum
Transplants	100% network when preauthorized 60% non-network when preauthorized Medical coverage must have been continuous under a county plan for more than 12 months - whether preexisting or an emergency	100% network when preauthorized 60% non-network when preauthorized Medical coverage must have been continuous under a county plan for more than 12 months - whether preexisting or an emergency	100% after applicable copays Medical coverage must have been continuous under a county plan for more than 12 months - whether preexisting or an emergency
Urgent care Ear infections, high fevers, minor burns, etc.	80% network 60% non-network	90% network 70% non-network	100% after $20 copay/visit

► Monthly cost of medical

In this table and on your OE Form, Sp = Spouse, DP = Domestic Partner and Ch = Children.

Health Plan	You Only	You + Sp/DP	You + Ch	All
KingCare (Aetna) Basic				
2002 ($195.48 paid by county)	$ 72.00	$ 339.48	$ 285.98	$ 553.46
2003 ($ 229.99 paid by county)	$ 45.32	$ 320.63	$ 265.56	$ 540.87
KingCare (Aetna) Preferred				
2002 ($195.48 paid by county)	$119.20	$ 433.88	$ 370.94	$ 685.62
2003 ($229.99 paid by county)	$ 99.21	$ 428.41	$ 362.56	$ 691.76
Group Health				
2002 ($195.48 paid by county for VM/GH Alliant)	$ 52.93	$ 301.39	$ 251.66	$ 500.06
2003 ($229.99 paid by county for Group Health)	$ 57.50	$ 345.04	$ 287.49	$ 574.96

► Dental

You must elect medical coverage to elect dental coverage; you cannot elect dental by itself. Dental coverage will remain the same (except for the change in coordination of benefits) and continue to be provided by Washington Dental Service in 2003.

Washington Dental Service increases your payment levels through an incentive program when you regularly see your dentist. For diagnostic and preventive services as well as basic services, the payment level starts at 70% and increases 10% for each calendar year until you reach 100% (as long as you visit your dentist each year). For major restorative services the payment level increases from 70% to 80%, then to 85%. If you do not see the dentist during the calendar year your payment level is reduced to the next lower payment level, but never below 70%.

Major prosthodontic services, orthodontia, TMJ treatment and night guards are not under the incentive program; see the table below for coverage levels.

Washington Dental Service	
Annual deductible (doesn't apply to diagnostic and preventive services, orthodontic services and dental accidents)	$25/person, $75/family
Annual maximum benefit (doesn't apply to orthodontic or TMJ services)	$2,000/person
Covered Expenses	**Plan Pays**
Diagnostic and preventive services (for example, exams, cleanings, x-rays)	70% - 100% (deductible doesn't apply) Based on patient's incentive level; see dental booklet for details
Basic services (for example, fillings, periodontics, extractions, root canals)	70% - 100% Based on patient's incentive level; see dental booklet for details
Major services - restorative (for example, crowns, onlays)	70% - 85% Based on patient's incentive level; see dental booklet for details
Major services - prosthodontics (for example, dentures, implants, fixed bridges)	70%
Orthodontic services for adults and children	50% up to a $2,500 lifetime maximum (deductible doesn't apply; this benefit doesn't apply to the annual maximum benefit)
Temporomandibular joint disorder (TMJ)	50% up to a $500 lifetime maximum for non-surgical treatment and appliances (this benefit doesn't apply to the annual maximum benefit)
Night guards	50%

► Monthly cost of dental

In this table and on your OE Form, Sp = Spouse, DP = Domestic Partner and Ch = Children.

Washington Dental Service	You Only	You + Sp/D	You + Ch	All
2002 ($27.20 paid by county)	$ 27.19	$ 81.58	$ 70.70	$125.09
2003 ($29.01 paid by county)	$ 29.00	$ 87.01	$ 75.41	$133.42

► Vision

Vision coverage will remain the same (except for the change in coordination of benefits) and continue to be provided by Vision Service Plan in 2003.

Vision Service Plan		
Covered Expenses	**If you see a VSP provider you pay a $10 copay and the plan pays …**	**If you see a non-VSP provider you pay the bill in full and the plan reimburses you the following amounts minus the $10 copay …**
Exams (once every 12 months)	100%	Up to $40
Lenses (1 pair every 12 months)		
Single vision	100%	Up to $40
Bifocal	100%	Up to $60
Trifocal	100%	Up to $80
Lenticular	100%	Up to $125
Progressive	100%	Up to $5 for upgrade to progressive, tints and coating combined
Tints	100%	
Coatings	100%	
Frames (once every 24 months)	100% up to $130	Up to $45
Contacts (1 pair every 12 months in place of eyeglass lenses and frames)		
Elective	100%, up to $105	Up to $105
Medically necessary	100%	Up to $210

► Monthly cost of vision

In this table and on your OE Form, Sp = Spouse, DP = Domestic Partner and Ch = Children.

Vision Service Plan	You Only	You + Sp/D	You + Ch	All
2002 ($4.31 paid by county)	$ 4.30	$12.91	$11.19	$19.80
2003 ($4.51 paid by county)	$ 4.50	$13.51	$11.70	$20.71

► Enhanced life insurance for you

This open enrollment is your last opportunity to add or increase enhanced life insurance without a qualifying change in family status. After this open enrollment, you may add or increase enhanced life for yourself only when you marry or establish a new domestic partnership, or when your first child becomes eligible. (To add or increase coverage, you must submit an Enhanced Life/AD&D Change Form to Benefits Operations within 30 days of the qualifying event. You may drop or reduce coverage anytime.)

During this open enrollment, you may purchase enhanced life in $25,000, $50,000, $75,000 or $100,000 amounts without evidence of insurability. If you add or increase coverage during this open enrollment, your additional amount will go into effect January 1. However, if you happen to be ill or injured and away from work on that date, any coverage increase does not become effective until the date you return to work your regular part-time work assignment for one full day.

If you die for any reason, the beneficiaries you designate receive the amount you elect in addition to your county-paid basic life insurance benefit.

Effective January 1, life insurance becomes portable. If you terminate employment with the county (but not if you retire or leave employment due to a disability), you may continue to pay the insurance company directly for the basic and enhanced coverage you had on your last day of employment until you reach age 75. The age-specific rates you pay for the continued coverage may be different from the rates paid by active employees.

► Enhanced life insurance for your family

If you elect enhanced life insurance for yourself, you may purchase enhanced life for family members with no evidence of insurability:

- Spouse or domestic partner only at 50% of your enhanced amount
- Child(ren) only at $10,000 each
- Spouse or domestic partner at 50% of your enhanced amount plus child(ren) at $10,000 each.

You are the beneficiary if a family member dies. (If you and your spouse or domestic partner both work for King County, you may not cover each other, and only one of you may cover your eligible children under this plan.)

After this open enrollment, you may add or increase enhanced life again only if certain qualifying changes in family status occur. You may add or increase coverage for yourself and add your:

- Spouse or domestic partner when you marry or establish a new domestic partnership, or he/she loses county coverage
- Child when he/she is your first eligible child or loses county coverage.

To add a new family member, you must submit an Enhanced Life/AD&D Change Form to Benefits Operations within 30 days of the qualifying event. You may drop a family member from coverage anytime, but if you do, you may not add him/her back again.

If you terminate employment with the county and continue your own coverage under the new portability option (effective January 1), you may continue to pay for a spouse or domestic partner until he/she is 65 and a child until he/she is 19 (23 if solely dependent on you for support).

► Monthly cost of enhanced life insurance

Rates for you and your spouse or domestic partner are based on your age. Cost is slightly higher in 2003 than it was in 2002 to age 65; slightly lower for age 65 and up. Cost for children's coverage is $.84 regardless of the number of children covered. (Although that's higher than the $.45 a month paid in 2002, the 2002 rate was for $5,000 of enhanced life for each child; the 2003 rate is for $10,000 of enhanced life for each child.)

	Cost of Enhanced Life/$25,000	
Your Age	**2002**	**2003**
Under 25	$ 1.13	$ 1.18
25-29	$ 1.35	$ 1.40
30-34	$ 1.80	$ 1.88
35-39	$ 1.80	$ 1.88
40-44	$ 2.25	$ 2.35
45-49	$ 3.60	$ 3.75
50-54	$ 5.40	$ 5.63
55-59	$ 9.68	$ 10.08
60-64	$ 14.85	$ 15.45
65-69	$ 28.58	$ 26.58
70+	$ 46.35	$ 43.10

To calculate your total monthly cost for enhanced life …

Enter cost/$25,000 for your age	1.	$ _____
If you elected $25,000 for yourself enter 1 If you elected $50,000 for yourself enter 2 If you elected $75,000 for yourself enter 3 If you elected $100,000 for yourself enter 4	2.	_____
Multiply line 1 by line 2 and enter	3.	$ _____
If you elect enhanced life for a spouse or domestic partner enter .5; if not, 0	4.	_____
Multiply line 3 by line 4 and enter cost of enhanced life for your spouse or domestic partner	5.	$ _____
If you elect enhanced life for children enter $.84; if not, 0	6.	$ _____
Add lines 3, 5 and 6 for your total monthly cost ►		$ _____

► Enhanced accidental death and dismemberment insurance for you

You may purchase enhanced accidental death and dismemberment (AD&D) insurance from $50,000 to $500,000 in $50,000 increments without evidence of insurability. If you die in a covered accident, the beneficiaries you designate receive the amount you select in addition to your county-paid basic AD&D benefit (explained in "Benefits that need no decisions," page 20). If you are dismembered or paralyzed, you receive a portion of the enhanced amount (depends on the type of loss) in addition to your county-paid basic AD&D benefit.

You may drop or reduce your coverage anytime, but you may add or increase coverage for yourself only during open enrollment.

► Enhanced accidental death and dismemberment insurance for your family

If you elect enhanced AD&D insurance for yourself, you may purchase enhanced AD&D for family members without evidence of insurability. If a family member dies, is dismembered or is paralyzed as a result of a covered accident, you are the beneficiary.

You may cover your:

- Spouse or domestic partner only at 50% or 100% of your enhanced amount
- Child(ren) only at 10% of your enhanced amount
- Spouse or domestic partner at 50% or 100% of your enhanced amount plus child(ren) at 10% of your enhanced amount.

You may add a new spouse, domestic partner or child for enhanced AD&D later if you have enhanced coverage for yourself and do not have a spouse, domestic partner or child eligible for coverage now. To add a new family member later, you must submit an Enhanced Life/AD&D Change Form to Benefits Operations within 30 days of the qualifying event. You may drop or reduce family coverage anytime, but you may add it back or increase it only during open enrollment.

► Monthly cost of enhanced accidental death and dismemberment insurance

2003 rates are the same as in 2002. Add across each row for those you cover to determine your total monthly cost.

If you elect this enhanced amount	Cost for you only	Cost for spouse/DP at 50% of your amount	Cost for spouse/DP at 100% of your amount	Cost for all children at 10% of your amount
$ 500,000	$10.00	$ 5.00	$10.00	$ 3.00
$ 450,000	$ 9.00	$ 4.50	$ 9.00	$ 2.70
$ 400,000	$ 8.00	$ 4.00	$ 8.00	$ 2.40
$ 350,000	$ 7.00	$ 3.50	$ 7.00	$ 2.10
$ 300,000	$ 6.00	$ 3.00	$ 6.00	$ 1.80
$ 250,000	$ 5.00	$ 2.50	$ 5.00	$ 1.50
$ 200,000	$ 4.00	$ 2.00	$ 4.00	$ 1.20
$ 150,000	$ 3.00	$ 1.50	$ 3.00	$ .90
$ 100,000	$ 2.00	$ 1.00	$ 2.00	$ .60
$ 50,000	$ 1.00	$ .50	$ 1.00	$ .30

► Enhanced long term disability insurance for you

If you become disabled, your county-paid basic long term disability (LTD) insurance combines with other sources of disability income to replace 60% of your predisability earnings to a maximum benefit of $6,000 a month after a 180-day waiting period (as explained in "Benefits that need no decisions," page 20). Your disability benefit is based on your earnings in the 12 months prior to the date of disability.

Enhanced LTD increases the maximum benefit to $7,200 a month and reduces the waiting period to 90 days.

During this open enrollment you may add enhanced LTD, but this is the last time; King County does not plan to open enrollment for enhanced LTD again anytime in the foreseeable future. You may drop coverage anytime, but if you do, you may not add it again later.

► Monthly cost of enhanced long term disability insurance

Cost of enhanced long term disability in 2003 is $4.38 a month. That's less than half the $9.40 cost in 2002.

► Family members

You may add or delete family members during open enrollment, or correct any family member information that is wrong on your OE Form.

To protect the privacy of covered family members listed on your OE Form, only the last four digits of their Social Security numbers are shown. If you add a new family member for coverage, however, you must provide a **complete Social Security number** along with the other information indicated and any required attachments.

The following family members are eligible under your coverage if you enroll them:

- Your spouse/domestic partner (attach copy of marriage certificate or complete the Affidavit of Marriage/Domestic Partnership Form on the back of the OE Form)
- Unmarried children of you or your spouse/domestic partner who are:
  - Under age 23 and chiefly dependent on you for support and maintenance (generally, that means you claim them on your federal tax return); a child may be your natural child, adopted child, stepchild, legally designated ward, child placed with you as legal guardian, child legally placed with you for adoption, or a child for whom you assume total or partial legal obligation for support in anticipation of adoption (attach appropriate documentation)
  - Named in a Qualified Medical Child Support Order as defined under federal law and authorized by plan (attach copy of QMCSO).

You may also add family members for medical, dental and vision coverage between open enrollments when certain qualifying changes in family status occur. If you have the coverage yourself, you may add your:

- Spouse or domestic partner if you marry or establish a new domestic partnership, or there is a significant change in your spouse's or domestic partner's employer-sponsored coverage
- Child when he/she is your first eligible child.

You may drop family members from coverage between open enrollments according to the premium payment plan option you elect (see below).

► Premium Payment Plan

If you enroll under Plan 3, the monthly cost of the benefits you purchase is divided in half and deducted from your two regular monthly paychecks. (When there are three paychecks in a month, no deductions are taken from the last one.) You may have the deductions taken before or after federal income and Social Security taxes are withheld.

If you have deductions taken **before-tax**, this reduces your taxes. However, IRS restrictions apply:

- Any portion you pay to provide coverage to a domestic partner (DP) or DP's children is deducted after-tax
- You may not drop any coverage until the next open enrollment unless due to a qualifying change in status:
  - Death of a family member
  - Divorce or dissolution of a domestic partnership
  - Significant change in your spouse's or domestic partner's coverage due to his/her employment
- You must re-enroll for before-tax every year during open enrollment or you default to the after-tax plan.

If you pay premiums **after-tax**, you do not reduce your taxes, but may drop coverage for yourself or a family member anytime.

► On the back of your OE Form

On the back of your form are blank Beneficiary Designation and Affidavit of Marriage/Domestic Partnership Forms. Both forms are blank (your beneficiaries are not listed); the forms are provided during open enrollment as a convenience to you.

Please do not contact Benefits Operations during open enrollment for beneficiary information; that information is kept in your benefit file and difficult to retrieve during the busy time of open enrollment. If you're not sure who's designated as beneficiary, complete and return the Beneficiary Designation Form - and keep a copy for your records.

Complete and return the Affidavit of Marriage/Domestic Partnership Form if you're adding a spouse or domestic partner for coverage in 2003.

Benefits that need no decisions

Once you became eligible under Plan 2, you continue to receive basic life insurance, basic accidental death and dismemberment insurance, and basic long term disability insurance for yourself as long as you remain a part-time Local 587 employee at King County. These "automatic" benefits need no decisions so they're not listed on your OE Form.

► Basic life insurance for you

You automatically receive county-paid basic life insurance. If you die for any reason the beneficiaries you designate receive a lump sum of $25,000.

► Basic accidental death and dismemberment insurance for you

You automatically receive county-paid basic accidental death and dismemberment insurance. If you die in a covered accident the beneficiaries you designate receive a lump sum of $25,000. If you are dismembered or paralyzed you receive an amount that depends on the type of loss.

► Basic long term disability insurance for you

You automatically receive county-paid basic long term disability insurance. If you become disabled, are unable to work and apply for LTD, this benefit combines with other sources of disability income to replace 60% of your monthly predisability earnings to a maximum benefit of $6,000 a month after a 180-day waiting period. Your disability benefit is based on your earnings in the 12 months prior to the date of disability.

For additional information

For Questions About …	Contact ...
Plan 1, Plan 2 and Plan 3 Eligibility	**Your Base Chief**
General Benefits Open enrollment and making changes Flexible spending account enrollment Life, accidental death and dismemberment and long term disability insurance plan details Alternate formats	**Benefits Operations** Exchange Building EXC-ES-0300, 821 Second Ave., Seattle 98104-1598 Phone 206-684-1556 ▪ 1-800-325-6165 x41556 ▪ 711 TTY Relay Service Fax 206-684-1925 E-mail kc.benefits@metrokc.gov Web www.metrokc.gov/ohrm/benefits
Medical Identification cards Providers (doctors, hospitals, etc.) Filing claims Other plan details (covered expenses, limitations, exclusions, preauthorization)	**KingCare (Aetna)** PO Box 14089, Lexington KY 40512-4089 Phone 1-800-654-3250 ▪ 771 TTY Relay Service E-mail kingcare@aetna.com Web www.kingcare.com **Group Health Cooperative** PO Box 34585, Seattle WA 98124-1585 Phone 206-901-4636 ▪ 1-888-901-4636 ▪ 771 TTY Relay Service E-mail info@ghc.org Web www.ghc.org
Prescriptions Identification cards (KingCare members only; Group Health members use medical plan card for prescriptions) Pharmacies Mail order service Drug formulary (covered drugs, including generic, preferred brand and non-preferred brand)	**AdvancePCS (separate service for KingCare members)** PO Box 853901, Richardson, TX 75085-3901 Phone 1-800-552-8159 ▪ 771 TTY Relay Service Web http://kingcounty.advancerx.com (e-mail by selecting Contact Us) **Group Health Cooperative** PO Box 34585, Seattle WA 98124-1585 Phone 206-901-4636 ▪ 1-888-901-4636 ▪ 771 TTY Relay Service E-mail info@ghc.org Web www.ghc.org
Dental Providers Filing claims Other plan details	**Washington Dental Service** PO Box 75688, Seattle WA 98125-0688 Phone 206-522-2300 ▪ 1-800-554-1907 ▪ 771 TTY Relay Service E-mail cservice@deltadentalwa.com Web www.deltadentalwa.com
Vision Providers Filing claims Other plan details	**Vision Service Plan** PO Box 997100, Sacramento CA 95899-7100 Phone 1-800-877-7195 ▪ 771 TTY Relay Service Web www.vsp.com (e-mail through the Web site)
Flexible Spending Accounts Account balances Reimbursement Other plan details	**Associated Administrators Inc.** PO Box 3199, Portland OR 97208-3199 Phone 1-800-334-4340 ▪ 1-800-428-4833 TDD Fax 1-800-979-8987 E-mail flex@aai-tpa.com Web www.aai-pca.com